



The Commonwealth of Massachusetts
Center for Health Information and Analysis

**The Massachusetts
All-Payer Claims Database**

**Product File
Submission Guide**

December 1, 2012

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Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under M.G.L. c. 118G, § 6 and 6A, the Center for Health Information and Analysis (CHIA) has adopted regulations to create a comprehensive all payer claims database (APCD) with medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured, Medicare, Medicaid and Supplemental Policy data. CHIA is a clearinghouse for comprehensive quality and cost information to ensure consumers, employers, insurers, and government have the data necessary to make prudent health care purchasing decisions.

To facilitate communication and collaboration, CHIA maintains a dedicated MA APCD website (www.mass.gov/chia/apcd) with resources that currently include the submission and release regulations, Administrative Bulletins, the technical submission guide with examples, and support documentation. These resources will be periodically updated with materials and the CHIA staff will continue to work with all affected submitters to ensure full compliance with the regulation.

While CHIA is committed to establishing and maintaining an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with CHIA on the all payer claims database.

114.5 CMR 21.00 – Health Care Claims

114.5 CMR 21.00 governs the reporting requirements for Health Care Payers to submit data and information to CHIA in accordance with M.G.L. c. 118G, § 6. The regulation establishes the data submission requirements for health care payers to submit information concerning the costs and utilization of health care in Massachusetts. CHIA will collect data essential for the continued monitoring of health care cost trends, minimize the duplication of data submissions by payers to state entities, and to promote administrative simplification among state entities in Massachusetts.

Health care data and information submitted by Health Care Payers to CHIA is not a public record. No public disclosure of any health plan information or data shall be made unless specifically authorized under 114.5 CMR 21.00 or 114.5 CMR 22.00.

Acronyms Frequently Used

APCD – All-Payer Claims Database

CHIA – Center for Health Information and Analysis

CSO – Computer Services Organization

DBA – Delegated Benefit Administrator

DBM – Dental Benefit Manager

DOI – Division of Insurance

GIC – Group Insurance Commission

ID – Identification; Identifier

MA APCD – Massachusetts' All-Payer Claims Database

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

TME / RP – Total Medical Expense / Relative Pricing

TPA – Third Party Administrator

The File Types:

DC – Dental Claims

MC – Medical Claims

ME – Member Eligibility

PC – Pharmacy Claims

PR – Product File

PV – Provider File

The APCD Quarterly Product File

As part of the MA APCD 2013 filings, all submitters will be required to submit a Product file. The Center for Health Information and Analysis (CHIA) recognizes this is a file type that has not been previously requested of carriers in other states, and has made efforts to simplify the data submission as well as clarify what should be contained in the file, and how CHIA will utilize this important dataset.

A PR File is required after the close of every calendar year quarter. This file is to report all active products for that particular quarter and any products that became inactive during that quarter. By reporting products that are inactive, the MA APCD can identify eligibilities that may still be active under a product that is no longer offered to the market.

The reporting quarters are for the months of March (03), June (06), September (09) and December (12). As an example, the PR filing for products in the year 2011 are identified as 201103, 201106, 201109 and 201112. These files are required to be submitted and passed by the end-of-month inventory 201104, 201107, 201110 and 201201, one month after the close of the quarter.

The PR Detail Records are defined as one unique product per identifier, per begin / end period. Repeating PR identifiers (PR002) creates reporting anomalies and will require a resubmission of the file to uniquely identify products for ME linking and quality assurance.

Below are the details on business rules, data definitions and the uses of this data.

Specification Question	Clarification	Rationale
Frequency of submission	Quarterly	CHIA requires quarterly files to meet reporting and analytic needs for the DOI, Risk Adjustment and Researchers.
What is the format of the file	Each submission must start with a Header Record and end with a Trailer Record to define the contents of the data within the submission. Each Detail Record must contain 18 elements in an asterisk delimited format.	The Header and Trailer Records help to determine period-specific editing and create an intake control for quality. The asterisk is an inherited symbol from previous filings that submitters had already coded their systems to compile for previous version of the MA APCD. An asterisk cannot be used within and element in lieu of another character.
What does each row in a file represents	Each row, or Detail Record, contains the information of a unique Product that a carrier or Third-Party creates to 'sell'.	CHIA recognizes that information at this higher level is necessary for aggregation and reporting utilization.

How does CHIA define a Product	A Product starts as a base offering, often described by a model that it conforms to; HMO, PPO, Indemnity, etc. Generally accepted values appear in PR004. For non-carriers, a Product will be defined by the business and reported in a free text field to define purpose when PR004 is populated with ZZ = Other	CHIA requires that the disclosure of Pharmacy Benefit Management, Claims Processing, and Third Party Administrator organization business products, as well as Carrier-based products, to accurately assign member detail attribution for aggregate reporting and utilization/
What to report for License Type if not a 'carrier'	The Product file now has an element that allows for further explanation when License Type is set to PBM or Other	CHIA added two additional values so that PBMs and other non-insurance businesses can report products that they offer their clientele.
What to report for Risk if not a 'carrier'	The Product file now has an element that allows for further explanation when Risk is set to Other	CHIA added additional values to the Risk Table to differentiate Risk Offerings. One of the adds is an Other that sets the requirement to populate a text element for explanation

Types of Data collected in the Product File

Product Identifiers

CHIA has made a conscious decision to collect elementary identifiers that may be associated with not only Insurance-type Products but industry vendor Products as well. The data in elements PR002 through PR008 will be used by CHIA when analyzing Product data across carriers. PR002 will be used as the anchor data that the Member Eligibility will link to, while other elements will be used as an attribute of the linked eligibility. This provides not only CHIA with the ability to measure offering across submitters, but also other agencies so that single source reporting can occur under Administrative Simplification.

Deductibles

CHIA is collecting Deductible band-width information on each Product as well as requesting additional identifiers to sort non-deductible reporting vendors into appropriate categories of business. This will aid CHIA in meeting its reporting and analysis requirements of the MA APCD.

Additional data elements such as Coinsurances and Copays are reported in other file types.

Dates

CHIA is collecting two date elements for each Product detail record.

The Begin and End Date for each Product describes the dates the Product was active with the carrier and usable by eligible members. For Products that are still active the End Date should not contain any information (is Null). For Products that are not active but may still have claims being adjudicated against them, the End Date should be the End Date reported to the Division of Insurance OR the date the license was terminated OR for non-insurance carriers, the date that the product/service is no longer being offered to insurance carriers.

New Data Elements

Under Administrative Simplification, CHIA has worked with Division of Insurance, The Connector, Group Insurance Commission and our own internal departments to identify new elements to be added to the MA APCD Dataset to satisfy that goal. Below is a list of those elements, the submitter type expected to report them, the reason and the data expected within the element

HD009 – APCD Version #; *all submitters, required for setting intake edits*

This new Header element requires the version number of the MA APCD Specifications that a submitter is using to compile their ME File. Current version is 3.0, prior version is 2.0

PR015 – Other Product Line of Business Model; *all submitters when PR004 = ZZ, required for clarifying products not found a standard lookup table*

This new element defines products that cannot be categorized into one of the pre-existing codes on the lookup table by invoking a requirement on the value ZZ = Other. It's reporting will be used to identify new lines of business that may be of specific interest to CHIA.

PR016 – Other Risk Type; *all submitters when PR008 = 0, required for clarifying products with non-standard Risk holding as found on the lookup table*

This new element defines the Risk Holding attribute of the product being reported in the PR Detail Record and is invoked by a requirement on the value 0 = Other. It's reporting will be used to identify new Risk Types applied to historical products as well as new products coming into the market.

PR017 – NAIC Code; *all submitters with a product on file with the DOI, required to identify products required for DOI reports*

This new element defines the submitters that are required to report various aggregate level data to the DOI. It's reporting will be used to filter like products and their attributes into reporting categories as defined by the DOI.

CHIA is committed to working with submitters and their technical teams to ensure compliance with all applicable laws and regulations. CHIA will continue to provide support through technical assistance calls and resources available on the website; www.mass.gov/chia

File Guideline and Layout

Legend

1. File: Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types. Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.
2. Col: Identifies the column the data resides in when reported
3. Elmt: This is the number of the element in regards to the file type
4. Date Element Name: Provides identification of basic data required
5. Date Modified: Identifies the last date that an element was adjusted
6. Type: Defines the data as Decimal, Integer, Numeric or Text. Additional information provided for identification, e.g., Date Period – Integer
7. Type Description: Used to group like-items together for quick identification
8. Format / Length: Defines both the reporting length and element min/max requirements. See below:
 - a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
 - b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
 - c. int[n] – this is a fixed type and length element of [n] for numeric reporting only. This cannot be anything but numeric with no decimal points or leading zeros.

The plus/minus symbol (**±**) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions. **Example:** When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.

9. Description: Short description that defines the data expected in the element
10. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.
11. Condition: Provides the condition for reporting the given data
12. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.
13. Cat: Provides the category or tiering of elements and reporting margins where applicable.

Elements that are highlighted indicate that a MA APCD lookup table is present and contains valid values expected in the element. In very few cases, there is a combination of a MA APCD lookup table and an External Code Source or Carrier Defined Table, these maintain the highlight.

It is important to note that Type, Format/Length, Condition, Threshold and Category are considered as a suite of requirements that the intake edits are built around to insure compliance, continuity and quality. This insures that the data can be standardized at other levels for greater understanding of healthcare utilization.

File	Co l	Elm t	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
HD-PR	1	HD 001	Record Type	11/8/12	Text	ID Record	char[2]	Header Record Identifier	Report HD here. Indicates the beginning of the Header Elements of the file	Mandatory	100%	HM
HD-PR	2	HD 002	Submitter	11/8/12	Integer	ID OrgID	varchar[6]	Header Submitter / Carrier ID defined by CHIA	Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here. This ID is linked to other elements in the file for quality control	Mandatory	100%	HM
HD-PR	3	HD 003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	Header CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans	Situational	0%	HS
HD-PR	4	HD 004	Type of File	11/8/12	Text	ID File	char[2]	Defines the file type and data expected.	Report PR here. Indicates that the data within this file is expected to be PRODUCT-based. This must match the File Type reported in TR004	Mandatory	100%	HM
HD-PR	5	HD 005	Period Beginning Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD006, TR005 and TR006. This same date must be selected in the upload application for successful transfer.	Mandatory	100%	HM
HD-PR	6	HD 006	Period Ending Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in HD005 and be repeated in TR005 and TR006	Mandatory	100%	HM
HD-PR	7	HD 007	Record Count	11/8/12	Integer	Counter	varchar[10]	Header Record Count	Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters.	Mandatory	100%	HM

HD-PR	8	HD 008	Comments	11/8/12	Text	Free Text Field	varchar[80]	Header Carrier Comments	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	Optional	0%	HO
HD-PR	9	HD 009	APCD Version Number	11/8/12	Decimal - Numeric	ID Version	char[3]	Submission Guide Version	Report the version number as presented on the APCD Product File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate else file will drop. EXAMPLE: 3.0 = Newest Version	Mandatory	100%	HM
								Code	Description			
								2.0	Prior Version; valid only for reporting periods prior to May 2013			
								3.0	Current Version; required for reporting periods as of May 2013			
PR	1	PR 001	Product ID number	11/8/12	Text	ID Link to ME040, MC079, PC056, DC042	varchar[30]	Product Identification	Report the submitter-assigned identifier that uniquely defines this product. This identifier is used to link this Product line with its attributes to eligibility and claim lines	All	100%	A0
PR	2	PR 002	Product Name	6/24/10	Text	Name Product	varchar[70]	Submitter defined Product name	Report a unique name for every Product in a Carrier's system. For Products with identical names, it is required that the Submitter add a refining 'element' to create unique Product Names that align to unique Product ID Numbers. This refining element can be numeric, alpha or alpha-numeric	All	100%	C
PR	3	PR 003	Carrier License Type	11/8/12	Lookup Table - Text	tlkpCarrierLicenseType	char[3]	Carrier License Type	Report the code that defines the License Type of this Product. EXAMPLE: COM = Commercial	All	100%	A0
								Code	Description			
								BLU	Blue Cross and Blue Shield Licensee			
								COM	Commercial Carrier			
								HMO	Health Maintenance Organization			
								MAO	Medicare Advantage Organization			
								PBM	Pharmacy Benefit Manager			
								SCO	Senior Care Option			
								TPA	Third Party Administrator			

								176	Chapter 176			
								OTH	Other License Type			
PR	4	PR 004	Product Line of Business Model	11/8/12	Lookup Table - Text	tlkpProductLi neOfBusines s	char[2]	Line of Business / Insurance Model the Product relates to.	Report the code that defines the Line of Business model that this product follows. EXAMPLE: 12 = PPO	All	100%	A0
								Code	Description			
								12	Preferred Provider Organization (PPO)			
								13	Point of Service (POS)			
								14	Exclusive Provider Organization (EPO)			
								15	Indemnity Insurance			
								16	Health Maintenance Organization (HMO) Medicare Advantage			
								20	Medicare Advantage PPO			
								21	Medicare Advantage Private Fee for Service			
								AC	Accident Only			
								BH	Basic Hospital			
								CH	CHAMPUS			
								DM	Dental Maintenance Organization			
								DS	Disability			
								HC	HMO - Closed			
								HO	HMO - Open			
								IN	Individual			
								LM	Liability Medical			
								MC	Medicaid FFS			
								MO	Medicaid Managed Care Organization			
								MP	Medicare Primary			
								MR	Medicare			
								MS	Medicare Secondary Plan			

								OF	Other Federal Program (e.g. Black Lung)			
								PC	Medicaid Primary Care Clinician Plan			
								PR	Preferred Provider Organization (PPO)			
								QM	Qualified Medicare Beneficiary/SLMB			
								SA	Self-Administered Group			
								SC	Senior Care Option			
								SP	Supplemental Policy			
								TF	HSN Trust Fund			
								TV	Title V			
								UN	Unemployment			
								VA	Veterans Administration Plan			
								VS	Vision			
								WC	Workers' Compensation			
								ZZ	Other			
PR	5	PR 005	Insurance Plan Market	11/8/12	Lookup Table - Text	tlkpInsuranc ePlanMarket	char[4]	Insurance Plan Market Code	Report the code that defines the market this product is sold into. EXAMPLE: GEMP = Group - Employer	All	100%	A0
								Code	Description			
								GPOS	Group - POS			
								GCOB	Group COBRA			
								GCCH	Group-Commonwealth Choice			
								GEMP	Group-Employer			
								GFED	Group-Federal			
								GGIC	Group-GIC			
								GMMK	Group-Merged Market			
								GMUN	Group-Municipality			
								GPRT	Group-Retiree			
								GSC0	Group-Senior Care Option			
								GUNN	Group-Union			

								HEXC	Health Exchange			
								ICCA	Individual - Commonwealth Care			
								ICCH	Individual - Commonwealth Choice			
								ICLO	Individual Closed			
								ICOB	Individual COBRA			
								ISCO	Individual Senior Care Option			
								IYGA	Individual Young Adult			
								MCRA	Medicare Part A			
								MCRB	Medicare Part B			
								MCRC	Medicare Part C			
								MCRD	Medicare Part D			
								MEDX	MediGap/Medicare Supplemental/Medex			
								ITHR	Other			
								OTMC	Other Medicare			
								STUD	Student			
								COBR	COBRA			
								GRUP	Group			
PR	6	PR 006	Product Benefit Type	6/24/10	Lookup Table - Integer	tlkpProductBenefitType	int[1]	Benefit Options	Report the value that defines the types of benefits covered under this product. EXAMPLE: 1 = Medical Only	All	100%	A0
								Code	Description			
								1	Medical Only			
								2	Pharmacy Only			
								3	Medical and Pharmacy bundled			
								4	Dental			
								5	Behavioral Health			
								6	Vision			
								7	Accident Only			
								8	Medical Comprehensive			

								0	Other			
PR	7	PR 007	Other Product Benefit Description	11/8/12	Text	Free Text Field	varchar[80]	Benefit Description	Report the Other Product description when the product's Product Benefit does not fall within the standard listing for PR006 Product Benefit Type EXAMPLE: Chiropractic Services	Required when PR006 = 0 <zero>	100%	A2
PR	8	PR 008	Risk Type	11/8/12	Lookup Table - Integer	tlkpRiskType	int[1]	Risk Options	Report the value that best describes the risk model that defines how eligibilities are insured under this product line. EXAMPLE: 1 = Fully Insured	All	100%	A0
								Value	Description			
								1	Fully Insured			
								2	Self-Insured			
								3	Product available to risk with self-insured accounts			
								4	Product available to risk with fully insured accounts			
								0	Other			
PR	9	PR 009	Product Start Date	6/24/10	Full Date - Integer	Century Year Month Date - CCYYMMDD	int[8]	Product Start Date	Report the first date that this product is active in CCYYMMDD Format.	All	100%	A0
PR	10	PR 010	Product End Date	6/24/10	Full Date - Integer	Century Year Month Date - CCYYMMDD	int[8]	Product End Date	Report the last date that this product is active in CCYYMMDD Format. If product is still active do not report any value here.	All	100%	B
PR	11	PR 011	Product Active Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Active Product	Report the value that defines the element. EXAMPLE: 1 = Yes, the Product is active	All	100%	A2
								Value	Description			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PR	12	PR 012	Annual Per Person Deductible	11/8/12	Lookup Table - Text	tlkpAnnualPerPersonDeductible	char[3]	Per Person Deductible bandwidth	Report the value that defines the Total Per Person Deductible for all benefits under this product. EXAMPLE: 000 =	All	100%	A2

			Code					reporting	Plans with no Per Person Deductible			
								Value	Description			
								000	No per person deductible			
								001	Deductible Total under \$1,000			
								002	Deductible Total of \$1,000 thru \$1,999			
								003	Deductible Total of \$2,000 thru \$2,999			
								004	Deductible Total greater than \$3000			
								999	Not Applicable			
PR	13	PR 013	Annual Per Family Deductible Code	11/8/12	Lookup Table - Text	tlkpAnnualPerFamilyDeductible	char[3]	Per Family Deductible bandwidth reporting	Report the value that defines the Total Per Family Deductible for all benefits under this product. EXAMPLE: 000 = Plans with no Per Family Deductible	All	100%	A2
								Value	Description			
								000	No per family deductible			
								001	Deductible Total under \$1,000			
								002	Deductible Total of \$1,000 thru \$1,999			
								003	Deductible Total of \$2,000 thru \$2,999			
								004	Deductible Total of \$3,000 thru \$3,999			
								005	Deductible Total of \$4,000 thru \$4,999			
								006	Deductible Total of \$5,000 thru \$5,999			
								007	Deductible Total greater than \$6,000			
								999	Not Applicable			
PR	14	PR 014	Coordinated Care model	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Clinical Coordination	Report the value that defines the element. EXAMPLE: 1 = Yes, Member's care is clinically coordinated/managed.	All	100%	A2
								Value	Description			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			

PR	15	PR 015	Other Product Line of Business Model	11/8/12	Text	Name Other Line of Business	varchar[30]	Defines Product Line of Business when Other is selected	Report the Other Product Line of Business Model here when PR004 reports ZZ	Required when PR004 = ZZ	98%	A2
PR	16	PR 016	Other Risk Type	11/8/12	Text	Name Other Risk	varchar[30]	Defines Risk Type Other is selected	Report the Other Risk Type here when PR008 reports 0 <zero>	Required when PR008 = 0 <zero>	98%	A2
PR	17	PR 017	NAIC Code	11/8/12	Integer	ID NAIC	int[5]	National Association of Insurance Commissioners' Code	Report the NAIC Code associated with the entity that maintains this product. Entities that are not assigned a NAIC must not report any value here.	Required when Submitter is identified as a NAIC Coded entity	100%	A2
PR	15	PR 899	Record Type	6/24/10	Text	ID File	char[2]	File Type Identifier	Report PR here. This validates the type of file and the data contained within the file. This must match HD004	All	100%	A0
TR-PR	1	TR 001	Record Type	6/24/10	Text	ID Record	char[2]	Trailer Record Identifier	Report TR here. Indicates the end of the data file	Mandatory	100%	TM
TR-PR	2	TR 002	Submitter	11/8/12	Integer	ID Submitter	varchar[6]	Trailer Submitter / Carrier ID defined by CHIA	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002	Mandatory	100%	TM
TR-PR	3	TR 003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans	Situational	0%	TS
TR-PR	4	TR 004	Type of File	6/24/10	Text	ID File	char[2]	Validates the file type defined in HD004.	Report PR here. This must match the File Type reported in HD004	Mandatory	100%	TM
TR-PR	5	TR 005	Period Beginning Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must match the date period reported in HD005 and HD006	Mandatory	100%	TM
TR-PR	6	TR 006	Period Ending Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006	Mandatory	100%	TM

TR-PR	7	TR 007	Date Processed	6/24/10	Full Date - Integer	Century Year Month Date - CCYYMMDD	int[8]	Trailer Processed Date	Report the full date that the submission was compiled by the submitter in CCYYMMDD Format.	Mandatory	100%	TM
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